

REGISTRATION DEADLINE
February 1, 2012

Twinsburg Youth Softball League

2012 Registration
www.twinsburgsoftball.com

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Player _____
 Birthdate _____ Current Grade _____
 Address _____
 City _____
 Mother/Guardian _____
 Phone _____ Cell _____
 Email _____
 Father/Guardian _____
 Phone _____ Cell _____
 Email _____
 Alternate Emergency Contact (Name and Phone No.) _____

Recreational (local) - Current Grade		Fee
	Instructional (Girls K & 1st Grade; Coach Pitch)	\$65
	Division 1 (Girls 2nd & 3rd Grade; Coach Pitch)	\$65
	Division 2 (Girls 4th & 5th Grade; Player Pitch)	\$65
	AA (Girls 6th - 8th Grade; Slow Pitch)	\$75
	AAA (Grades 9-12, Slow Pitch)	\$75

** Additional Children: \$10 discount for each additional child **
 ** Late Fee: \$10 after 2/1/2012 **
 ** No refunds after 3/15/2012 **

Jersey Size (circle one):
 YS (6-8) YM(10-12) YL(14-16) AS AM AL AXL

Teammate/Coach Preference
(Inst. & Div. 1 ONLY; not guaranteed)

Please help support the League by volunteering for any of the following (circle all that may apply):

HEAD COACH | TEAM SPONSOR | OTHER: _____

Mail completed Registration Form and payment (payable to Twinsburg Youth Softball League) to:



Twinsburg Youth Softball League
8870 Darrow Road Suite F106 #206
Twinsburg, Ohio 44087



Or drop off completed Registration Form and payment at the Twinsburg Fitness Center

To avoid being placed on a waiting list, the completed Registration Form and Payment must be received by 2/1/2012.

EMERGENCY MEDICAL AUTHORIZATION (Part 1 OR 2 must be completed at time of registration)

PART 1— AUTHORIZATION TO GRANT CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact a parent or legal guardian of _____ (PLAYER) have been unsuccessful, I hereby give my consent/authorization for the administration of any treatment necessary by:

Dr. _____ at _____ (Phone) or
 Dentist _____ at _____ (Phone) or
 any licensed physician or dentist if preferred practitioner is not available, and the transfer the child to
 _____ (preferred hospital) or any other hospital reasonable accessible.

**This authorization does not cover major surgery unless the medical opinions of two (2) licensed physicians or dentists concur the necessity of surgery before the performance of surgery.*

Please list any/all facts concerning the child's medical history including allergies, medication and any physical impairment(s) which would need to brought to the attention of an attending physician, league official or coach: _____

Signature of Parent or Legal Guardian _____ **Date** _____

PART 2 — REFUSAL TO GRANT CONSENT FOR MEDICAL TREATMENT

I **DO NOT** give my consent/authorization for emergency action to be taken should illness or injury requiring emergency treatment occur. I wish the team and/or league authorities take NO action or to: _____

Signature of Parent or Legal Guardian _____ **Date** _____

For more information visit www.twinsburgsoftball.com

League Use Only: Amount Paid: _____ Check No. _____ Registration Date: _____